

**COLLEGE OF HEALTH SCIENCES**  023 Carpenter Sports Building

Newark, DE 19716

**DIETETIC INTERNSHIP PROGRAM** *Ph:* (302) 831-3538

*Fax:* (302) 831-4261

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**The University of Delaware Dietetic Internship**

**Supervised Practice Facility**

**Intern Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Rotation (please check all that apply): Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜Foodservice Management City, State and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜Clinical Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜Community Nutrition Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜Elective Facility accredited/licensed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify start and end date for each

rotation completed at this facility (*can be left blank if flexible)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum number of students from this program in this facility at one time: \_\_\_\_\_\_

Length of time students from this program assigned to this facility: \_\_\_\_\_\_

Maximum number of dietetics students from this and other programs in this facility at one time: \_\_\_\_\_\_

Number of Dietitians: \_\_\_\_\_ Total \_\_\_\_\_ RD \_\_\_\_\_ Advanced degree

Number of Dietetic Technicians: \_\_\_\_\_ Total \_\_\_\_\_ DTR

Brief description of facility/agency/institution (mission, population served):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Brief description of department, including services performed, number of employees, and number

of individuals served:

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Brief summary of experiences provided for students:

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Please check which (if any) of the following experiences will be provided at this site:

\_\_Overweight/obesity \_\_Endocrine Disorders \_\_Cancer

\_\_Cardiovascular Disease \_\_Gastrointestinal Disease \_\_Renal Disease

\_\_Malnutrition

\_\_Infants \_\_Children \_\_Adolescents

\_\_Adults \_\_Pregnant/lactating females \_\_Older adults

\_\_Critical care \_\_Outpatient nutrition care \_\_Long-term care

\_\_Wellness program \_\_School nutrition (foodservice or wellness)

\_\_Low-income populations \_\_Diverse populations

**Note to Preceptors**

This agreement is between the applicant to the University of Delaware Dietetic Internship and the facility/preceptor agreeing to sponsor the intern for the specified rotation. Please note that acceptance into the internship is on a competitive basis. If the applicant is accepted into the program, you will be sent a formal affiliation agreement by the University of Delaware.

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| **Preceptor Information (Please attach copy of your resume)** | | | | | | |
| Preceptor name (last, first, initial): | | | | | | |
| Preceptor daytime phone: | | | | Preceptor email: | | |
| Years you have worked for this employer: | | How many hours per week do you work for this employer? | | | Have you previously supervised students/interns?  □ Yes □ No | |
| Highest degree achieved: | | | | Professional credentials: | | |
| What licensure or professional certification is required for your role as a practitioner? | | | | | | |
| Describe continued education (CPEs or other professional development) you have completed in the past seven years (may attach PDP log): | | | | | | |
|  |  | |  | | |  |